

Attorney Docket No. 038151/294772

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

MOBILE MEDICAL FACILITY,

the specification of which

☐ is attached hereto

OR

☒ was filed on 5/9/2005 as PCT International Application Number PCT/US2005/016261 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.


Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
None			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to that Customer Number:

Customer Number 00826

Direct telephone calls to: **Glen R. Drysdale**
Registration No. 56,342
Tel Charlotte Office (704) 444-1000
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Full name of first inventor: **Thomas H. Blackwell**
Inventor's
Signature:  Date: 10/05/2005
Residence: **Charlotte, NC**
Citizenship: **United States of America**
Mailing Address: **1353 Bellemeade Lane**
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Full name of second inventor: **Kevin T. Staley**
Inventor's
Signature: _____ Date: _____
Residence: **Charlotte, NC**
Citizenship: **United States of America**
Mailing Address: **4957 Dayspring Drive**
Charlotte, NC 28227

CLT01/4750950v1

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Full name of first inventor: **Thomas H. Blackwell**

Inventor's -

Signature: _____ Date: _____

Residence: Charlotte, NC

Citizenship: United States of America

Mailing Address: 1353 Bellemead Lane
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Full name of second inventor: **Kevin T. Staley**

Inventor's

Signature: Kevin T. Staley Date: 10/01/2005

Residence: Charlotte, NC

Citizenship: United States of America

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